



Social Security Board  
P.O. Box 698  
Road Town, Tortola  
Virgin Islands

Tel: 1-284-852-7800/Fax: 1-284-494-6022  
Email: info@bvissb.vg/Website: www.bvissb.vg

**CLAIM FOR FUNERAL GRANT**  
**Please use Capitals Letters**

**PARTICULARS OF DECEASED PERSON**

Name.....

Social Security No.

Address.....

Name of last employer.....

...../...../..... .. /...../.....

Date of Birth      Date of Marriage

Certified cause of death.....

Insured Person ..... Social Security No.  
(if not the deceased person)

**CLAIMANT**

Mr.  
Mrs. ....  
Ms. ....  
Social Security Number

Home.....  
Contact Numbers      Work.....  
Cell.....      Email Address.....

Mailing Address.....  
.....

I, the above named claimant hereby declare that I am the..... of the deceased and  
(state relationship to the deceased)  
that I have paid the amount of the funeral expenses.

I attach the following documents:

- (a) Death Certificate of the deceased person;
- (b) Original receipt for the amount of funeral expenses paid by me and
- (c) Original itemized invoice for funeral expenses.

**Note: If there are any un-cashed benefit cheques relating to the deceased, they should be returned to the Social Security Office along with this claim.**

Signature of Claimant..... Date.....

**WARNING: Any person who knowingly makes a false statement or misrepresentation for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment under the laws of the Virgin Islands.**